	n No.		AMENDMENT TRANSMITTAL LETTER						
plicant(s): Sho	Application No. 10/665,379-Conf. #5023		Filing Date September 18, 2003		Examiner H. Song		Art Unit 2135		
p	ji Mori								
		DCESSING HA		ERTIF	FICATION PF	ROCESSI	NG SYSTEM		
ransmitted herev	with is an ame		above-identifi	ied app					
he fee has been	calculated an								
-	Claims	CLAIM Highest	S AS AMEND	DED					
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate		•		
Total Claims	8	- 20 =	0	х	_50.00	_	0.00		
Independent Claims	8	- 10 =	0	X	210.00		0.00		
Multiple Depend	ent Claims (ch	eck if applicabl	e)						
Other fee (please	e specify):								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00		
Please charge A duplicate of A check in the Payment by The Director as described x Credit an	ge Deposit Accopy of this she amount of \$ credit card. is hereby authorished below. by overpayment additional files	ing or application	in to cover ge and credit	the filii	sit Account No	osed. o. <u>04</u>			